

Part 1 Vehicle Information

Your Travel Day is:

Please fill out the information below about the commercial vehicles garaged at your company.

Please as	sign a <i>vehicle n</i>	umbei	Please assign a <i>vehicle number</i> to each vehicle at your company. Then fill in the boxes to the right t	'. Then fil	l in the	oxes to the right for each vehicle.	ehicle.					
Vehicle	Conso	Year	Type of Vehicle			Make and Model	Турі	Typle of Fuel		Number of Axles	Weight (lbs)	(lbs)
Number	Plate #		(Check one box only)			<u></u>	Diesei	Diesel Gasoline Other	Other	2, 3, 4, or 5+	Empty	Loaded
			Single Unit Truck 3. ☐ Pick-Up/Panel Combination Truck 4. ☐ Van	ίν	□	Make Model						
N			1. Single Unit Truck 3. Pick-Up/Panel 2. Combination Truck 4. Van	ćν	<u>و</u>	Make Model						
ယ			1. Single Unit Truck 3. Pick-Up/Panel 2. Combination Truck 4. Van		5 D	Make Model						
4			1. Single Unit Truck 3. Pick-Up/Panel 2. Combinetion Truck 4. Van		و ق	Make Model						
ъ			1. Single Unit Truck 3. Pick-Up/Panel 2. Combination Truck 4. Van		5. D Q	Make Model						
۰			1. Single Unit Truck 3. Pick-Up/Panel 2. Combination Truck 4. Van	çn	Š.	Make Model						
7			1. Single Unit Truck 3. Pick-Up/Panel 2. Combination Truck 4. Ven		5. D Cgr	Make Model						
œ			1. Single Unit Truck 3. Pick-Up/Panel 2. Combination Truck 4. Van		رة 1	Make Model						
φ			1. ☐ Single Unit Truck 3. ☐ Pick-Up/Panel 2. ☐ Combination Truck 4. ☐ Van		5. D Car	Make Model						
10			1. ☐ Single Unit Truck 3. ☐ Pick-Up/Panel 2. ☐ Combination Truck 4. ☐ Van		5. Car	Make Model						

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City State L 1 1 1 1 1	Address or nearest Intersection	2) Then, I went to: Name of Place	Name of Place Address or nearest Intersection City State 25	First, I went to:	Location Address	Сіту	Address or Intersecting Streets	Name of Piace	Base Othe	My First Trip Began at:	If the vehicle is a van: ☐ Delivery van? ☐ Delivery van? ☐ On this day, was this vehicle used? ☐	Number of Axles?	Travel Day: ☐Mon ☐Tues ☐Wed For Vehicle License Plate Number
	□□	Arrive	: 	Arrive	What time did you get here?				r Location (What tin (Check AM	1 3		/ed OThurs
	□ 8	88A 🗆	☐ ☐ ☐ 8	```	Did you turn the engine off at this stop?	State			Other Location (indicate address below)	ne did you or PM)	Passenger Continue below		nurs OF1
(Please Specify)	5 Personal Business 6 Return to base 7 Other	☐ 1 Pick-up Load ☐ 2 Drop-off Load ☐ 3 Fuel Unit/Service Unit ☐ 4 Other Business	☐ 4 Other Business ☐ 5 Personal Business ☐ 6 Return to base ☐ 7 Other ☐ Please Specify)	☐ 1 Pick-up Load ☐ 2 Drop-off Load ☐ 3 Fuel Unit/Service Unit	Activity at Stop (check one for each trip)	Zip Code			ress below)	What time did you leave this place? (Check AM or PM)	☐ Passenger Van (chact one only) ritinue below ☐ No - Complete Odomet and Return questionnaire		(Write in license plate number)
(Please Specify)	☐5 Port/Transportation Hub ☐6 Utilities ☐7 Construction/Gravel/Landfill ☐8 Other	1 Office Bidg. Commercial 2 Retail/Restaurant/Gas Station 3 Warehouse/Manufacturing/ Wholesale 4 Residential	☐ 4 Residential ☐ 5 Port/Transportation Hub ☐ 6 Utilities ☐ 7 Construction/Gravel/Landfill ☐ 8 Other ☐ Please Specify)	1 Office Bidg, Commercial 2 Retail/Restaurant/Gas Station 3 Warehouse/Manufacturing/	Land Use at Stop (check one for each trip)		• Plea	• If you for the	Recolocat inclu incl	Instru Please c	e *	Milea	nber)
1	Printed Matter Printed Matter Glay, Concrete Glass or Stone Products/Furniture or 10 10 Fabricated Metal		□ 4 Mail or Express Traffic/ Small Packaged Freight Phinted Matter □ 9 V □ 5 Clay, Concrete Glass or Stone Products/Furniture or □ 10 F Fabricated Metal Products/Lumber, Pulp, □ 11 C	1 Empty	If truck, what are you carrying? (Type of Goods) (check one for each trip)	Winston-Salem, NC 27127	 Please fill in a full street address (or nearest intersection) for each location visited: 	If you are leaving the Triad area and will not come back today, please fill out the information for the trip you <i>will</i> make and return this form to the person who gave it to you.	Record each trip you make in the order you make it. a trip is a one way movement from one location to another. Include the specific data requested for each trip.	Instructions: Please carry this diary with you throughout the travel day shown above.	Begin Odometer Number	Mileage for the travel day:	
(Please specify)	Equipment or Surphies Waste or Scrap Material, Hazardous Material Freight All Kinds (FAK) Other	Petroleum, Natural Gas Metallic Ores, Coal, Farm, Forest or Marine Products Machinery Transportation	Machinery Transportation Equipment or Supplies Waste or Scrap Material, Hazardous Material Freight All Kinds (FAK) Other Pless specty)	Petroleum, Natural Gas Metallic Ores, Coal, Farm, Forest or Marine Products	arrying? rtp)	Winston-Salem, NC (27.1.27)	tersection) for each loc	xme back today, pleas o the person who gave	ake it. a trip is a one v ip.	vel day shown above.	 	•	
	# of People		# of People		# of persons in vehicle including driver.	, NC 27,127	cation visited:	e fill out the info	vay movement		Part 2 Travel Diary		
		Depart	 p.m.n.	Depart	What time did you leave?	1		ormation	from one		diary		

Date:

Depart O People Dam. Depart		Other	<u>=</u>	Products/Lumber, Pulp,	_	Le Other		_	_	
					_ <u>=</u>	5 Por/Transportation Hub 6 Utilities 7 Construction/Grave/Landfill	Related Travel 5 Personal Business 6 Return to base 7 Other	□ š		Address or necrest Intersection
		Petroleum, Natural Gas Metallic Ores, Coal, Farm, Forest or Marine Products Machinery Transportation				1 Office Bidg. Commercial 2 Retail/Restaurant/Gas Station 3 Warehouse/Manufacturing/ Wholesale 4 Residential	1 Pick-up Load 2 Drop-off Load 3 Fuel UnityService Unit 4 Other Business	☐ Yes	Arrive	(6) Then, I went to: Name of Place
# of People	1	Machinery Transportation Equipment or Supplies Waste or Scrap Material, Hazardous Material Freight All Kinds (FAK) Other Please spacify)		Mail or Express Traffic/ Small Packaged Freight Printed Matter Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products		☐ 4 Residential ☐ 5 Port/Transportation Hub ☐ 6 Utilities ☐ 7 Construction/Gravel/Landfill ☐ 6 Other (Please Spacily)	Related Travel Belated Travel Fersonal Business Relation to base 7 Other Flease Specify)	□ [Dam.	Address or nearest intersection City State 26
Depart		Petroleum, Natural Gas Metallic Ores, Coal, Farm, Forest or Marine Products	0.6]1 Empty]2 Food or Kindred Products]3 Tobacco, Textiles, Apparel		1 Office Bldg. Commercial 2 Retail/Restaurant/Gas Static 3 Warehouse/Manufacturing/	1 Pick-up Load 2 Drop-off Load 3 Fuel Unit/Service Unit	i	Arrive	(5) Then, I went to:
opple	# of People	Machinery Transportation Equipment or Supplies Waste or Scrap Material, Hazardous Material Hazardous Material Freight All Kinds (FAK) Other Please specify		Small or Duress training Small packaged Freight Phinted Matter 15 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products	L	☐ 5 Port/Transportation Hub ☐ 6 Utilities ☐ 7 Construction/Grave/Landfill ☐ 8 Other ☐ 7 Please Specify)	Related Travel Bersonal Business G Return to base 7 Other (Please Spacily)	₽	: am. pm.	Address or nearest intersection Only State L 2p
Depart		Petroleum, Natural Gas Metallic Ores, Coal, Farm, Forest or Marine Products	0,			□ 1 Office Bidg. Commercial □ 2 Retail/Restaurant/Cas Station □ 3 Warehouse/Manufacturing/ Wholesale	1 Fick-up Load 2 Drop-off Load 3 Fuel Unit/Service Unit	□ ∀	Arrive	Then, I went to: Name of Place
# of People	1	Front Forest or Marine Products Machinery Transportation Equipment or Supplies Waste or Scrap Material Hazardous Material Freight All Kinds (FAK) Other Phase specify		3 Tobacco, Textiles, Apparel 4 Mail or Express Traffic/ Small Packaged Freight Printed Matter 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products		☐3 Warehouse/Manufacturing/ Wholesale ☐4 Residential ☐5 Port/Transportation Hub ☐6 Utilities ☐7 Construction/Grave/Landfill ☐6 Other ☐Flease Specify)	☐ 3 Fuel Unit/Service Unit ☐ 4 Other Business Related Travel ☐ 5 Personal Business ☐ 6 Return to base ☐ 7 Other Please Specify	□ □		Name of Place Address or nessest intersection Oily State 1 25
Depart	-	Petroleum, Natural Gas Metallic Ores, Cosl,] 1 Emply] 2 Food or Kindred Products		☐1 Office Bldg. Contractal ☐2 Retail/Restaurant/Gas Stati	☐ 1 Pick-up Load ☐ 2 Drop-off Load		Arrive	(3) Fired, I want to:
ersons What time hicle did did you leave?	# of persons in vehicle including driver.	u carrying? is) ch trip)	are you of Good • for •ac	If truck, what are you carrying? (Type of Goods) (check one for each trip)		Land Use at Stop (check one for each trip)	Activity at Stop (check one for each trip)	Did you turn the engine off at this stop?	What time did you get here?	Location Address

For Vehicle License Plate Number HTV	Date: 1 16, 95
7947 (Wife in license plate number)	
de number)	ヘタスと

Date:



TRIAD AREA PIEDMONT

On this day, was this vehicle used? (Yes - Continue below On - Complete Odometer # If the vehicle is a van: Number of Axles? ☐ Delivery van? Passenger Van (aheat one only

	(Please Specify)				
	☐8 Other	(Please Specity)			(200 N. 2.7,4,0,9,
Ę	uction/Gravel/Landfill	7 Other		□ p.m.	Address or nearest intersection
, 		5 Personal Business	[] ₩	4	Now Clark Roll
-	☐5 Port/Transportation Hub	Related Travel	•	= 3	West - Name Oracle
X		1 4 Other Business	7 103		
03	☐3 Warehouse/Manufacturing/	13 Fuel Unit/Service Unit	K		ENTIPOROUGH NEX
2	3	To Dron-off Load		Arrive	
<u> </u>	Xi Office Bldg. Commercial				(2) Then, I went to:
	(Please Specify)				ĺ
	□8 Other	(Please Specify)			(5)20 NO 2,1,4,09,
	7 Construction/Gravel/Landfill	☐7 Other			188 0
05	☐6 Utilities	6 Return to base) 3 8 8	INOV IN INCVINC
,	portation Hub	5 Personal Business		2	NO ANTINO AIR
À	4 Pesidential	Related Travel	X	₹ \$	Name of Place
C	Wholesale Wholesale	3 Fuel Unit/Service Unit			removale the
□ 2	2 Retail/Restaurant/Gas Station	2 Drop-off Load		Arrive) :-
\Box	1 Office Bidg. Commercial	1 Fick-up Load			First, I went to:
			stop?	get here?	
	Land Use at Stop (check one for each trip)	Activity at Stop (check one for each trip)	Did you turn the engine off	What time	Location Address
Wineto	W	Zip Code	State		Спу
131 N.	13				
#	• Please fill to				Address or Intersecting Streets
등등	e if you are it for the trip :				Name of Place
7	• include the				
1000	Record eac location to	ress below)	Other Location (indicate address below)	r Location (Base Oth
TY I	Please cary t	0 :W GPM			
	End Odometer I	What time did you leave this place?	ne did you « PM)	What tir	My First Trip Began at:

Small Packaged Freight

Printed Matter

0 07

Waste or Scrap Material Hazardous Material

of People

Mail or Express Traffic Tobacco, Textiles, Apparal

Clay, Concrete Glass or Stone Products/Fumilure or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products

Other Phase specify)

10 Freight All Kinds (FAK)

□2 ū

Food or Kindred Products

Farm, Forest or Marine Products

Machinery Transportation Equipment or Supplies

Petroleum, Natural Gas Metallic Ores, Coal.

Depart

Adum

Small Packaged Freight

7

Machinery Transportation Equipment or Supplies

Farm, Forest or Marine

Products

Waste or Scrap Material, Hazardous Material

of People

Printed Matter Wail or Express Traffic Tobacco, Textiles, Apparal

Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal

Products/Lumber, Pulp, Paper or Allied Products

11 Other L

(Viceds seed)

10 Freight All Kinds (FAK)

Food or Kindred Products

Mileage for the travel day:

Begin Odometer Number __ End Odometer Number 43005

Part 2 Travel Diary

Instructions:

Please carry this diary with you throughout the travel day shown above.

- Record each trip you make in the order you make it. a trip is a one way movement from one location to another.
- Include the specific data requested for each trip.
- If you are leaving the Triad area and will not come back today, please fill out the information for the trip you will make and return this form to the person who gave it to you.
- Please fill in a full street address (or nearest intersection) for each location visited:

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Winston-Salem, NC .2.7.1.2.Z. N. State Street and State Hwy 1101

Winston-Salem, NC .2.7.1.2.7.

131 N. State Street

h trip)	If truck, what are you carrying? (Type of Goods) (check one for each trip)	Goods		# of persons in vehicle including driver.	What time did you leave?
rmerdal	rmerdal 1 Emply [□ 6	[] 6 Petroleum, Natural Gas Metatilic Ores, Cost,		Depart

	FIELD	DESCRIPTION	
	TIME	Time of Survey	
1 ·	SERIALNO	Serial Number of Record	
	EASTBOUND WESTBOUND	Eastbound Direction Westbound Direction	
	COMPANY COMPANY T	Name of Company on Side of Truck Company continued	
,	VEH2AX4TS:	Vehicle Classification	
	VEH3AXSING	2 Axie Single Truck 3 Axie Single	
1	VEH4AXSING	4 Axis Single	
	VEH3AXCOME	3 Axle Truck/Trailer Combination	
	EH4AXCOMB	4 Axie Combination	
,	/EH5AXCOMB /EHDOUBLE	5 or More Aide Combination	
	RAILER	Combination with Double Trailer	
	US	Trailer Attached to Single Truck School Bus	
_	IUSPRIV	Private Bus	
٧	EHOTHER .	Description of Other Type of Vehicle	
	TARTTIME TARTAMPM	Sterting Time Sterting Time AM or PM?	
	TARTCODE RIGDIST	Zip Code of Last Previous Stop Address District of Starting Address	
	EXTTIME EXTAMPM	Next Stop Time Next Stop Time AM or PM?	
	EXTCODE ESTDIST	Zip Code of Next Step Address District of Next Address	
	NDCODE NDDIST	Zip Code of Last Stop at Midnight District of Last Stop Address	
		Trip Purpose	ı
	JRP1	Pick Up Goods	ii ii
	JRP2	Deliver Goods	l)
_	JRP3 JRP4	Pick Up and Deliver	i i
	IRPS	Repairs Personal	ii.
	RP6	Other	I
PU	RPOTHER	Explanation of Other	ŀ
RT.	83 50UTH	Route Designations	
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	425		ı
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